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Application Number	10/562,362
Filing Date	18 December 2005
First Named Inventor	Fernando Bouffard Fila
Art Unit	
Examiner Name	
Attorney Docket Number	14435.879US01

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 43,439

☒ Please change the correspondence address for the above-identified application to:

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43,439

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☒ Applicant/Inventor.

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SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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